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Convention on the Elimination of All Forms of Discrimination against Women

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Committee on the Elimination of Discrimination against Women
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Item 5 of the provisional agenda*
Implementation of article 21 of the Convention on the Elimination of All Forms of Discrimination against Women

Report provided by specialized agencies of the United Nations on the implementation of the Convention in areas falling within the scope of their activities

Note by the Secretary-General**

Addendum

World Health Organization

1. On behalf of the Committee on the Elimination of Discrimination against Women, on 17 April 2002, the Secretariat invited the World Health Organization (WHO) to submit to the Committee a report on information provided by States to WHO on the implementation of the Convention on the Elimination of All Forms of Discrimination against Women, in areas falling within the scope of its activities, which would supplement the information contained in the reports of the States parties to the Convention to be considered at the twenty-seventh session.

2. Other information sought by the Committee refers to activities, programmes and policy decisions undertaken by WHO to promote the implementation of the Convention.

3. The report annexed hereto has been submitted in compliance with the Committee's request.

* CEDAW/C/2002/II/1.

** The document was submitted late to the conference services without the explanation required under paragraph 8 of General Assembly resolution 53/208 B, by which the Assembly decided that, if a report is submitted late, the reason should be included in a footnote to the document.

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Annex

Report of the World Health Organization to the Convention on the Elimination of All Forms of Discrimination against Women at its twenty-seventh session

Comments on the health of women in States parties presenting initial reports: the Congo, Saint Kitts and Nevis, and Suriname

I. Introduction

1. Women's health is an issue given some prominence both directly and indirectly in the Convention on the Elimination of All Forms of Discrimination against Women and the potential negative effects of discrimination on the health of women is a theme that appears in various places. Article 12 explicitly sets forth the obligation of States Parties to take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health-care services, including those related to family planning.

2. Other articles strengthen and broaden this article, calling for the elimination of discrimination against women in a number of health-related fields, for example, articles 10 (education), 14 (rural women) and 16 (marriage and family relations). The General Recommendations, likewise, have expanded and specified other issues which the Committee on the Elimination of Discrimination against Women (CEDAW) also believes it is important to monitor for discrimination and which are related to health, for example, Nos. 12 (1989) and 19 (1992) on violence against women, No. 14 (1990) on female circumcision, No. 15 (1990) on avoidance of discrimination against women in national strategies for the prevention and control of AIDS, No. 18 (1991) on disabled women and No. 24 (1999), the Committee's most extensive comments on women's health.

3. General Recommendation No. 24, completely related to health, is of particular importance. This recommendation places the health of women in a comprehensive framework and takes a lifespan approach, recognizing the importance of the age-specific needs of women at various points throughout life.

4. The World Health Organization (WHO) is pleased to submit this report with information which may complement the reports of States parties and draw attention to some issues related to women's health that may merit the special attention of the Committee.

5. Information for each country is grouped under various headings — basic data, children, adolescents, women, older women and conclusions — selecting, in each case, information particularly relevant to the health of women of all ages.

6. It is to be regretted that data on a number of issues important to the health of women, particularly poor women, tends to be inadequate or absent altogether from much of the standard published information about women in many countries. For example,

- While WHO and a number of other United Nations agencies are deeply concerned about the issues of trafficking in women and children and there are

suggestions it may be an important issue to some of the countries reporting to CEDAW, there is little systematic country-specific information available about either the volume or the threats to the health and well-being of women who are victims of trafficking;

- Two other important issues which are underrepresented are the overall incidence, impact and male-female distribution of child labour and occupation-related health problems of women in both formal and informal work settings;
- Data is scarce on women with disabilities and other women who live or work under circumstances that place them at particularly high risk of disease or disability, such as, inter alia, migrant workers, refugees and other socially displaced women, and sex workers.

These are issues which could usefully be raised in connection with every country.

7. Finally, it would be extremely useful if the Committee should wish to emphasize the importance of women's health beyond the long-standing concern with reproductive health. For example, many countries have little systematic disaggregated data available on women's health issues such as:

- Communicable diseases, including malaria and tuberculosis;
- Cardiovascular diseases (increasingly important as killers of women);
- Mental health problems;
- Lifestyle-related disability and death including substance abuse (smoking and alcohol);
- Osteo-arthritis, auto-immune diseases and others which are particularly important as contributors to disability and death of older women.

8. WHO, as a member of the United Nations system, takes the CEDAW reporting process seriously and considers it to be an important opportunity to strengthen work related to women's health. With a view to strengthening this work, the Department of Gender and Women's Health of WHO is preparing a publication intended to help staff working with counterpart Governments in the preparation of the health aspects of the country report to the Committee. The document has been developed with input from all WHO regional offices and technical departments and in collaboration with Rights and Humanity. It is hoped the members of CEDAW will also provide input to the draft during the twenty-seventh session.

II. The Congo

General

9. The Congo (Brazzaville) has a total population of 3 million people[1] and a population growth rate of 3.1 per cent.[2] The population is almost equally divided between women and men, with the women making up 51 per cent of the total. Life expectancy at birth is comparatively low. However, as in many other countries, women have longer life expectancy (53 years) than men (only 50 years).[3]

10. The majority of the people of the Congo live in urban areas (an estimated 65.4 per cent in 2000).[4] The urban population growth rate for 2000-2005 was estimated to

be 3.96 per cent per year, slightly lower than the regional (Middle Africa) figure of 4.40 per cent per year for the same period.[5]

11. According to World Bank figures, the Congo falls in the low income category.[6] In 1999, the gross national product per capita was US$ 670.[7] Total expenditure on health in 1998 was estimated to be 3 per cent of the gross domestic product, slightly higher than in 1997.[8]

12. The overall situation of the Congo is challenging in terms of health and all aspects of human development. This fact was commented upon in some detail in the concluding observations of the Committee on Economic, Social and Cultural Rights.[9] Civil war led to massive population displacement as well as the disruption of the national economy and the production and marketing of food. This had a profound, negative impact on the situation of daily life. Health and health systems, likewise, have been affected.

Children

13. Nearly half of the population of the Congo (46.3 per cent) is under 15 years of age.[10] Almost one quarter (23 per cent) are adolescents between the ages of 10 and 19.[11] The infant mortality rate (probability of an infant dying before 1 year of age) is 87.2 per 1,000 live births for girls and 100 for boys.[12] The child mortality rate (probability of a child dying before reaching his or her fifth birthday) is estimated to be 122 for girls and 134 for boys.[13] For children who survive, problems of health and nutrition continue and are serious. Malnutrition runs high, immunization coverage is low and the impact of AIDS is increasing.

14. The proportion of children below 5 years of age suffering from wasting is about the same as the regional average of 10 per cent.[14] However, 45 per cent suffer from moderate and severe stunting, 8 points higher than the regional levels and 13 points higher than the world levels.[15] Immunization levels reach only 50 per cent or lower. Unfortunately, neither nutrition nor immunization figures offer data disaggregated by sex.

Table 1
Child immunization rates in the Congo, 1995 and 2000[16]

Year	*TB (BCG)*	*DPT3*	*Polio (Pol 3)*	*MCV*
1995	50%	47%	47%	42%
2000	50%	33%	n.a.	34%

15. HIV/AIDS is having a devastating impact both directly and indirectly on the children of the Congo. At the end of 1999, 4,000 children below 15 years of age were living with HIV and 35,103 had been orphaned by the epidemic, losing either their mother or both parents to AIDS.[17] One must assume that the numbers have increased significantly since then.

Comment

16. These data have important implications for national policy as well as for the design and development of public services, particularly in fields such as education and health. With little disaggregated data available it is difficult to know whether there are problems of particular seriousness for girls as contrasted with boys. The Committee may therefore wish to emphasize to the representatives of the Congo the importance of ensuring equity and equality in the promotion of child health and the necessary infrastructure. The impact of stunting, now affecting 45 per cent of the children under 5, is lifelong and can be irreversible. Similarly, the low immunization levels mean that the majority of Congolese children are exposed to avoidable and, in some cases, fatal disease and disability. The cost of these low immunization rates is high for both the individual and the nation in premature death and loss of dignity and productivity through lifelong disability. In view of this fact, any discussion of health should emphasize the urgency of appropriate management of health and nutrition in the early years of a child's life, both male and female.

Adolescents

17. In the field of health, early pregnancy and HIV/AIDS are the two most conspicuous issues about which there is solid data indicating the need for attention and action. During the period 1995-2000, there were 141 births per 1,000 females from 15 to19 years of age,[18] about the same as the regional figures (143 per 1,000)[19] but considerably higher than desirable in terms of the health and development of both the mothers and the children. Figures are not available on adolescents with HIV, but it is noteworthy that in the 15 to 24 age group, an estimated 6.5 per cent of girls/women are HIV positive, while only 3.2 per cent of boys/men are so.[20]

18. The data on teen pregnancy, HIV infection and disparity in rates of infection between boys and girls all demonstrate the urgency of action to improve the availability of and access to appropriate health information and services, particularly addressing the reproductive health needs of adolescent girls. Bearing in mind that the gross secondary school enrolment ratio of girls is only 45 per cent,[21] such action would need to be focused on mapping the activity of adolescent girls to determine where and how best to reach them and help them to be empowered to take appropriate measures.

19. The issue of the impact of civil war and its effect on many aspects of life has been highlighted in discussions of the Committee on Social, Economic and Cultural Rights. Related to this, an additional issue relevant to the health of adolescent girls in the Congo is the question of their involvement in past or present military activity as combatants or part of the support system for combatants. Unfortunately, there is little relevant hard data available.

Comment

20. Threats to the health of adolescent girls are many, but among the most serious are those related to sexual and reproductive health and behaviour. Data related to teen pregnancy and HIV infection suggests that gender-prescribed roles place girls at disproportionate risk of pregnancy and ill health and leave them little latitude to protect themselves. In this connection and in line with paragraph 18 of General Recommendation No. 24,[22] the Committee may wish to pursue discussion with the

representatives of the Congo, focusing on availability of gender and age-specific reproductive health information and services. Activity to promote the evolution and acceptance of more equitable and balanced relations between the sexes could contribute to the effectiveness of such programmes.

21. In line with the stipulations of the Convention on the Rights of the Child and the healthy development of girls, all involvement of girls in military activity should be firmly discouraged. The Committee may therefore wish to explore the availability of programmes of rehabilitation and efforts to prevent the involvement of girls in military or quasi-military activity which may be damaging to their mental or physical health and development.

Women

22. Women share with the whole community the burdens resulting from life under conditions of poverty, insecurity, civil war and social disruption. Women are, in fact, disproportionately affected by all these conditions, which place their mental and physical health at great risk. Reports of both the Human Rights Commission and the Committee on Economic, Social and Cultural Rights have called attention to widespread problems of domestic violence, women's victimization by armed men, serious disruptions of food production and the paucity of health services in both urban and rural areas. All of these must be assumed to contribute to the generally high fertility rates (6.3 for the Congo in 2000[23] as compared with a global level of 2.68)[24] and low levels of health among women. However, specific data is seriously limited. Added to this already difficult situation, HIV/AIDS is moving rapidly through the population. At the end of 1999, it was estimated that 6.43 per cent of the population was infected, 45,000 women and 37,000 men.[25]

23. Women at risk of special health problems are those among the population of concern (refugees, asylum-seekers and returned refugees). As of the end of 1999, they totalled more than 63,000 (53.8 per cent of the total population of concern).[26]

Comment

24. Serious attention is needed to find ways progressively to address the special health risks, needs and vulnerabilities of women in the Congo, both in the general population and in refugee and other temporary living situations. Wherever they are located, the women are entitled to reasonable access to basic health information and services and adequate protection to ensure preservation of their dignity and their physical integrity. The Committee may, therefore wish to enquire about both immediate and longer-term plans to carry out programmes and build community-based infrastructure and the necessary support systems to ensure that the women of the Congo have access to increasingly effective health services in accordance with standards set forth in the General Recommendation on health. Given the extreme hardships that much of the population has undergone in recent years, it would be important to ensure inclusion of the views of the women themselves in the design, priority-setting and development of health services.

III. Saint Kitts and Nevis

25. Statistics on Saint Kitts and Nevis are not easy to come by and the country report had not yet been posted on the Internet at the time the present report was written. Because of this, the following analysis is limited in detail and only a few issues are raised for the consideration of the Committee.

General

26. Saint Kitts and Nevis has a total population of 38,000 people[27] and, during the decade 1990-2000, had a negative population growth rate (-0.8).[28] Sixty-six per cent of the people live in rural areas.[29]

27. Life expectancy at birth is 72 years for women and 66.1 years for men.[30] The proportion of urban population to total population (34.1 per cent)[31] is considerably lower in Saint Kitts and Nevis than in the rest of the Caribbean (63 per cent).[32] According to the World Bank, Saint Kitts and Nevis falls in the upper middle income category with an annual GNP per capita of $6,420.[33]

Children and adolescents

28. Figures on both infant and child mortality reflect the biological advantage of girls over boys. The infant mortality rate is 17 for girls and 23 for boys;[34] the child mortality rate is 22 for girls and 25 for boys.[35] Although, unfortunately, the data is not disaggregated for boys and girls, immunization rates are good: 99 to 100 per cent of the children are fully immunized by one year of age.[36] However, notwithstanding the relatively good economic circumstances of the country, nutritional levels, at least during the five-year period 1995-2000, were not good in either absolute or relative terms; they ran the same or higher than world levels and markedly higher than regional levels.

Table 2
Prevalence of child malnutrition in Saint Kitts and Nevis
(Percentage of children under five years of age)[37]

	Underweight	*Wasting (moderate and severe)*	*Stunting (moderate and severe)*
Saint Kitts and Nevis	11	9	42
Region	1	2	17
World	11	10	32

Such high malnutrition levels must be a matter of concern.

Comment

29. The Committee may wish to encourage the State party to investigate the causes of malnutrition, giving particular attention to establishing if and what kind of differences there may be in the nutritional status of boys and girls and whether there

are any discriminatory feeding patterns which negatively influence a girl's chances of being well nourished.

Women

30. Little data on specific health conditions of women in Saint Kitts and Nevis are generally published. There are, however, data on maternal mortality indicating the 1998 rate was 130 per 100,000 live births.[38]

Comment

31. In global terms, the maternal mortality rate is comparatively high. The Committee may therefore wish to enquire what factors led to this rate and the State party may be encouraged to take action to improve available services and information, including through community-based health services, with a view to improving this situation for women. The Committee may also wish to call attention to the special needs of older women and those with disabilities.

IV. Suriname

General

32. The population of Suriname totals 417,000 people,[39] almost equally divided between men and women (women = 50.36 per cent). The annual population growth rate is 0.4 per cent.[40] Thirty-one per cent of the population is below the age of 15 years (127,200 people).[41] Nearly one quarter of the population (23 per cent) is made up of adolescents from 10 to 19 years of age.[42] There is some difference in life expectancy at birth between women and men, with women expecting longer lives (73.5 years) than men (68 years).[43] Nearly three quarters of the people of Suriname live in urban areas (74.2 per cent).[44] According to World Bank classifications, Suriname fell in the lower middle income group of nations in 2000.[45]

33. Although there is data in the public domain about health in Suriname, including information specifically about women's health, much of it refers to studies in a particular institution or locality. Much of it was also found to be six or more years old. For these reasons, it is hard to draw informed, overarching conclusions about the status, trends and challenges facing the people of Suriname in the field of women's health. These notes attempt to suggest areas of interest or concern but, of necessity, are limited in scope.

Children and adolescents

34. As is true in most of the world, infant mortality rates, the proportion of children who die before they reach the age of one, are different between girls and boys, with the situation being better for girls. The rate for girls is 19 per thousand live births; for boys, it is 27 per thousand live births.[46] This is also the case for child mortality rates (the proportion of children who die before reaching the age of 5 per thousand live births). The rate was 27 for girls and 29 for boys,[47] an improvement over 1997 when they were considerably higher (respectively, 39 and boys 51).[48]

Unfortunately, good, comprehensive, disaggregated data on child nutrition seemed unavailable for Suriname. Data on education shows equity between girls and boys, with girls making up 49.5 per cent of the primary school students (equal to their percentage of that age population).[49] General concerns about children have been well covered in the Suriname report to the Committee on the Rights of the Child and in the concluding observations of the Committee.[50]

35. Health-related issues of particular concern, which are rooted in discrimination, are violence and sexual exploitation of girls, beginning with young children and continuing into adolescence. While some variation exists among different ethnic communities, there is no question that HIV/AIDS is a serious problem that has an impact on children and older adolescents. The female-male distribution of HIV, particularly among adolescents and young adults, highlights the difficulty girls have protecting themselves. It is estimated (2001) that among the population from 15 to 24 years of age, 0.79 per cent of boys are HIV positive, while the corresponding figure for girls is 1.33 per cent, nearly twice that of boys.[51] At the end of 1999, there were also 110 children below 15 years of age living with AIDS (sex not reported).[52] Furthermore, 352 children had been orphaned by AIDS.[53]

36. Although recent figures were hard to come by, it is likely that smoking is a serious and growing problem among girls. Already in 1987-1988, smoking prevalence among young people from 10 to 19 years of age was estimated to be 12 per cent for girls and 36 per cent for boys.[54] If Suriname has followed patterns common elsewhere, the advertising industry will have actively targeted young people and those figures are likely to have grown significantly. Knowing that the process of addiction grows more quickly among young girls than boys, one must assume many of these girls will be lifelong smokers, with negative health effects accumulating throughout later years of life and, should the girls become pregnant, smoking will have a negative impact on the health of the baby they will bear.

Comment

37. Three issues of particular importance which would benefit from the Committee's attention are domestic violence, with particular attention to abuse, including sexual abuse of girls, information, care and service related to HIV among adolescents, particularly adolescent girls; and smoking. Activities are needed to encourage, particularly among younger adolescents, empowerment of girls, more sexual responsibility among boys and more equitable and mutually respectful relations. Such activity would have a positive impact in both the short and long run, including a positive intergenerational impact, as children are less likely to be raised in families affected by violence or the HIV pandemic. Additionally, the Committee may wish to encourage the State party to attempt regular nationwide updates of disaggregated data on issues such as nutrition, smoking and domestic violence as the basis for gender and situation analysis leading to interventions to promote and protect the health of young people.

Women

38. Access to health-care services among minority and poor women is limited, a negative factor related to women's health. Problems of access appear to stem from poverty, uneven distribution of service (urban and interior areas) and population.

Gender-based violence is a serious problem, one which has been noted for at least the last decade, but progress in addressing it has been limited. A study carried out in 1990 found that 95 per cent of all sexual offences registered by the Emergency Department of the Academic Hospital were women: 20 per cent of the victims were below 10 years of age.[55] While the Government has taken modest steps to improve the official response to domestic violence, including some training for police, the availability of a social worker in some places, the coverage has been limited and girls and women of all ages continue to be subject to abuse. The women's movement has also been active and by the late 1990s some progress was reported. A police study (1996-1997) indicated some decline in violence,[56] although women were still victims in 76.7 per cent of the incidents of domestic violence reported in 1997.[57] Debate, nonetheless, continues about the appropriateness of public policy entering an area of private relations such as domestic violence. This may slow official action in this field and permit continuing violence against women.

39. HIV is an increasingly serious problem in Suriname. Problems of poverty and changes in some norms and values have contributed to an increase in prostitution.[58] Moreover, men's continuing decisive power over the use of condoms has meant that activity to control and treat sexually transmitted infections, including HIV, have had limited benefits for women.[59] In the late 1990s, the Dermatological Service indicated 1 in 5 street sex workers tested to be HIV positive.[60] The overall infection rate of adults was 1.26 per cent in 1999,[61] considerably higher than the regional (Latin America) rate of 0.5 per cent in 2001.[62] Exhibiting a pattern common to many parts of the world, among younger people from 18 to 25 years of age, the majority of those who are HIV positive are female, while among those over 25 years of age, more males are infected.[63] By the end of 1999, women made up 33 per cent of all people aged 15 to 49 living with AIDS.[64]

40. The maternal mortality ratio for Suriname was estimated to be 230 per 100,000 live births for the early 1990s, well below the global average of 400 per 100,000 live births.[65] A preliminary WHO analysis for 2000 suggests it is now much lower, around 112 per 100,000 live births. Nonetheless, given the fact that 98 per cent of deliveries are attended by trained health personnel,[66] further investigation would be in order as to the distribution and causes of maternal mortality as well as options for affordable, acceptable interventions to reduce that figure.

Comment

41. The multi-ethnic make-up of Suriname and unequal distribution of population complicate the implementation of public policy and the achievement of equity among women with regard to access and utilization of public services. Inequities in power relations between men and women also make maintenance of good health difficult for some women who are in relationships which place their sexual, mental and physical health at risk and leave them little recourse. The Committee may wish, therefore, to encourage the State party to give particular attention to the development and implementation of stronger public policy in these areas as well as to issues of equity in the accessibility and utilization of public services. Data and reports on HIV infections and domestic violence indicate continuing, unresolved challenges related to gender relations.

42. It is regrettable that no recent data has been found on smoking among adolescents or adults. This has long-term health impacts and advertisers often

capitalize on and reinforce negative gender stereotypes to promote their product. The Committee may therefore wish to encourage the State party to investigate and take action to monitor and control rigorously access to and use of smoking material. Nutrition and mental health are two other fields of considerable impact related to women's health and well-being on which little current data was found.

Older women

43. Women over 60 years of age make up 9 per cent of the female population of Suriname.[67] As elsewhere in the world, they outnumber men of the same age by a considerable number — there are 127 women for every 100 men 60 years of age or older and there are 132 women for every 100 men 80 years of age or older.[68] While most people have access to some form of health insurance, the elderly and the poor have suffered most from the country's economic problems, which have eroded the availability of services. Suriname is a country which has experienced a considerable outflow of population, especially those persons of productive age, and benefits from remittances and, sometimes, medicines sent home by family members employed abroad. Older women who do not have such networks, particularly those suffering from chronic diseases who need regular medical care or treatment, are particularly disadvantaged.[69]

Comment

44. The State party is to be congratulated on its efforts to have insurance coverage for its people. However, the Committee may wish to encourage special efforts in times of hardship to identify people, particularly older women and the poor, who may need priority support and attention.

Notes

[1] Women = 1,540,000. Men = 1,478,000. United Nations Population Division, *World Population Prospects: The 2000 Revision*, vol. 2.

[2] World Health Organization, *The World Health Report 2001*, p. 138.

[3] Ibid., p. 137.

[4] United Nations Population Division, *World Urbanization Prospects: The 2001 Revision*.

[5] Ibid.

[6] World Bank, *World Development Report 2000/2001*, p. 273.

[7] Ibid.

[8] World Health Organization, *The World Health Report 2001*, p. 160.

[9] E/C.12/1/Add.45.

[10] United Nations Population Division, *World Population Prospects: The 2000 Revision*, vol. 2.

[11] Ibid.

[12] A. D. Lopez and others, *Life tables for 191 countries for 2000* (GPE Discussion Paper No. 40), World Health Organization.

[13] World Health Organization, *The World Health Report 2001*, p. 137.

[14] United Nations Children's Fund, *The State of the World's Children, 2001*, p. 82.

[15] Ibid., pp. 82 and 85.

[16] World Health Organization, Vaccine Preventable Diseases Monitoring System.

[17] UNAIDS, World Health Organization, Working Group on Global HIV/AIDS & STD Surveillance, *Epidemiological Fact Sheets by Country: Congo*, p. 3.

[18] *The World's Women 2000: Trends and Statistics* (United Nations publication, Sales No. E.00.XVII.14), p. 49.

[19] United Nations Children's Fund, *Progress of Nations 1998*.

[20] United Nations Children's Fund, *Progress of Nations 2000*.

[21] United Nations Children's Fund, *The State of the World's Child, 2001*, p. 90.

[22] "In particular, States parties should ensure the rights of female and male adolescents to sexual and reproductive health education by properly trained personnel in specially designed programmes that respect their rights to privacy and confidentiality."

[23] WHO, *The World Health Report 2001*, p. 136.

[24] United Nations Population Division, *World Population Prospects: The 2000 Revision*, vol. 2.

[25] UNAIDS/World Health Organization, Global HIV/AIDS & STD Surveillance, *Epidemiological Fact Sheets by Country: Congo*.

[26] Office of the United Nations High Commissioner for Refugees, Population Data Summary Sheet, 1999: Congo.

[27] United Nations Population Division, *World Population Prospects: The 2000 Revision*, vol. 2, p. 29. A breakdown of the male and female population is not provided.

[28] World Health Organization, *The World Health Report 2001*, p. 138.

[29] United Nations Population Division, *World Urbanization Prospects: The 2001 Revision*, p. 161.

[30] World Health Organization, *World Health Report 2001*.

[31] United Nations Population Division, *World Urbanization Prospects: The 2001 Revision*, p. 161.

[32] Ibid.

[33] World Bank, *World Development Report 2000/2001*, p. 316.

[34] A. D. Lopez and others, *Life tables for 191 countries for 2000* (GPE Discussion Paper No. 40), World Health Organization.

[35] World Health Organization, *The World Health Report 2001*, p. 141.

[36] World Health Organization Vaccine Preventable Diseases Monitoring System.

[37] UNICEF, *State World's Child, 2001*, pp. 84-85.

[38] *The World's Women 2000: Trends and Statistics* (United Nations publication, Sales No. E.00.XVII.14), p. 81.

[39] United Nations Population Division, *World Population Prospects: The 2000 Revision*, vol. 2.

[40] World Health Organization, *The World Health Report 2001*, p. 140.

[41] United Nations Population Division, *World Population Prospects: The 2000 Revision*, vol. 2.

[42] *The World's Women 2000: Trends and Statistics* (United Nations publication, Sales No. E.00.XVII.14), p. 19.

[43] World Health Organization, *The World Health Report 2001*, p. 141.

[44] United Nations Population Fund, *The State of World Population 2001*.

[45] World Bank, *World Development Report 2000/2001*, p. 273. Suriname is marked on the map as in the middle income group; GNP range per capita US$ 756-2,995 in 1999.

[46] A. D. Lopez and others, *Life tables for 191 countries for 2000* (GPE Discussion Paper No. 40), World Health Organization.

[47] World Health Organization, *The World Health Report 2001*.

[48] United Nations Population Fund, *The State of World Population 1997*; ibid., *2001*.

[49] United Nations Development Fund for Women, *Fact Sheets on Women in Suriname*, October 2000.

[50] CRC/C/28/Add.11 and CRC/C/15/Add.130.

[51] United Nations Population Fund, *The State of World Population 2001*.

[52] UNAIDS/World Health Organization, Global HIV/AIDS & STD Surveillance, *Epidemiological Fact Sheets by Country: Suriname*, p. 3.

[53] Ibid. (Estimated number of children who have lost their mother or both parents to AIDS and who were alive and under age 15 at the end of 1999)

[54] World Health Organization, *Tobacco Control Country Profiles*, p. 200.

[55] Sheila Ketwaru-Nurmohamed and others, *Situation Analysis of Women in Suriname*, p. 163.

[56] Ibid., p. 164.

[57] Ibid.

[58] Ibid., chap. 11, sect. 11.4, "Sexually Transmitted Diseases (STDs) and HIV/AIDS".

[59] Ibid.

[60] Ibid., chap. 11, sect. 11.4, "Sexually Transmitted Diseases (STDs) and HIV/AIDS", "Sex Work and Reproductive Health".

[61] UNAIDS/World Health Organization, Global HIV/AIDS & STD Surveillance, *Epidemiological Fact Sheets by Country: Suriname*, p. 3.

[62] UNAIDS/World Health Organization, Regional HIV/AIDS statistics and features, end of 2001.

[63] Sheila Ketwaru-Nurmohamed and others, *Situation Analysis of Women in Suriname*, chap. 11, sect. 11.4, "Sexually Transmitted Diseases (STDs) and HIV/AIDS".

[64] UNAIDS/World Health Organization, Global HIV/AIDS & STD Surveillance, *Epidemiological Fact Sheets by Country: Suriname*, p. 3.

[65] Pan American Health Organization/World Health Organization, *Maternal mortality in 1995: estimates developed by WHO, UNICEF and UNFPA* (WHO/RHR/01.9).

[66] Country Health Profile, Suriname (data for 2000).

[67] United Nations Population Division, *World Population Prospects: The 2000 Revision*, vol. 2.

[68] Ibid.

[69] Sheila Ketwaru-Nurmohamed and others, *Situation Analysis of Women in Suriname*, chap. 11, sect. 11.7, "Women and Health", "Poor and Elderly People".

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Report provided by specialized agencies of the United Nations on the implementation of the Convention in areas falling within the scope of their activities

Note by the Secretary-General**

Addendum

United Nations Educational, Scientific and Cultural Organization

1. On behalf of the Committee, the Secretariat invited the United Nations Educational, Scientific and Cultural Organization (UNESCO), on 17 April 2002, to submit to the Committee a report on information provided by States to UNESCO on the implementation of the Convention on the Elimination of All Forms of Discrimination against Women, in areas falling within the scope of its activities, which would supplement the information contained in the reports of the States parties to the Convention to be considered at the twenty-seventh session.

2. Other information sought by the Committee refers to activities, programmes and policy decisions undertaken by UNESCO to promote the implementation of the Convention.

3. The report annexed hereto has been submitted in compliance with the Committee's request.

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* CEDAW/C/2002/II/1.

** The document was submitted late to the conference services without the explanation required under paragraph 8 of General Assembly resolution 53/208 B, by which the Assembly decided that, if a report is submitted late, the reason should be included in a footnote to the document.

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Annex

Measures taken by the United Nations Educational, Scientific and Cultural Organization to implement the provisions of the Convention in the Congo, Saint Kitts and Nevis and Suriname

Congo

Basic statistics[a]

Total population, 2000: 3,018,000

Projected population by 2030: 7,179,000

(a) Female population, 2000: 1,540,000

(b) Projected female population by 2030: 3,626,000

Gross enrolment ratios, primary and secondary (M, F), 1995: 85 per cent

Gross enrolment ratios, primary and secondary (F), 1995: 78 per cent

Gross enrolment ratios, tertiary (M, F), 1992: 7 per cent, 1991: 6 per cent

Gross enrolment ratios, tertiary (F), 1991: 2 per cent

Activities under UNESCO programmes

UNESCO sponsored a solidarity mission (December 2001) and a training workshop in peace negotiations (February 2002) for women from Burundi, Rwanda and the Democratic Republic of Congo to facilitate their participation in the Inter-Congolese Dialogue (South Africa).

Saint Kitts and Nevis

Basic statistics

Total population, 2000: N/A

Projected population by 2030: N/A

(a) Female population, 2000: N/A

(b) Projected female population by 2030: N/A

Gross enrolment ratios, primary and secondary (M,F): N/A

Gross enrolment ratios, primary and secondary (F): N/A

Gross enrolment ratios, tertiary (M,F): N/A

Gross enrolment ratios, tertiary (F): N/A

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[a] *Sources*: UNESCO International Institute for Statistics, 1999 UNESCO *Statistical Yearbook*; United Nations, *World Population Prospects: The 2000 Revision*.

Activities under UNESCO programmes

No information available.

Suriname

Basic statistics

Total population, 2000: 417,000

Projected population by 2030: 442,000

(a) Female population, 2000: 210,000

(b) Projected female population by 2030: 222,000

Gross enrolment ratios, primary and secondary (M,F) 1997: 6-18 per cent

Gross enrolment ratios, primary and secondary (F): N/A

Gross enrolment ratios, tertiary (M,F) 1990: 19-23 per cent

Gross enrolment ratios, tertiary (F): N/A

Activities under UNESCO programmes

No information available.

General information

The Section for General Secondary Education, in collaboration with the UNESCO International Institute for Statistics, will undertake, in connection with the Dakar[b] Goal No. 5 (eliminating gender disparities in primary and secondary education by 2005, and achieving gender equality in education by 2015, with a focus on ensuring girls' full and equal access to and achievement in basic education of good quality), research on data and elaboration of relevant indicators on girls' access to secondary education.

[b] World Education Forum, held in Dakar from 26 to 28 April 2000.

United Nations CEDAW/C/2002/II/3/Add.4

Convention on the Elimination of All Forms of Discrimination against Women

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Item 5 of the provisional agenda*
Implementation of article 21 of the Convention on the Elimination of All Forms of Discrimination against Women

Report provided by specialized agencies of the United Nations on the implementation of the Convention in areas falling within the scope of their activities

Note by the Secretary-General**

Addendum

International Labour Organization

1. On behalf of the Committee, on 17 April 2002, the Secretariat invited the International Labour Organization (ILO) to submit to the Committee a report on information provided by States to ILO on the implementation of article 11 and related articles of the Convention on the Elimination of All Forms of Discrimination against Women, which would supplement the information contained in the reports of the States parties to the Convention to be considered at the twenty-seventh session.

2. Other information sought by the Committee refers to activities, programmes and policy decisions undertaken by ILO to promote the implementation of article 11 and related articles of the Convention.

3. The report annexed hereto has been submitted in compliance with the Committee's report.

* CEDAW/C/2002/II/1.

** The document was submitted late to the conference services without the explanation required under paragraph 8 of General Assembly resolution 53/208 B, by which the Assembly decided that, if a report is submitted late, the reason should be included in a footnote to the document.

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Annex

Report of the International Labour Organization to the Committee on the Elimination of Discrimination against Women at its twenty-seventh session

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I. Introduction

1. The provisions of article 11 of the Convention on the Elimination of All Forms of Discrimination against Women are dealt with in a number of International Labour Organization (ILO) conventions. Of the 184 conventions adopted so far, the information in the present report relates principally to the following:

- Equal Remuneration Convention, 1951 (No. 100), which has been ratified by 156 member States;
- Discrimination (Employment and Occupation) Convention, 1958 (No. 111), which has been ratified by 154 member States;
- Workers with Family Responsibilities Convention, 1981 (No. 156), which has been ratified by 33 member States.

2. Where applicable, reference is made to a number of other Conventions, which are relevant to the employment of women, including:

Forced labour

- Forced Labour Convention, 1930 (No. 29)
- Abolition of Forced Labour Convention, 1957 (No. 105)

Child labour

- Minimum Age Convention, 1973 (No. 138)
- Worst Forms of Child Labour Convention, 1999 (No. 182)

Freedom of association

- Freedom of Association and Protection of the Right to Organize Convention, 1948 (No. 87)
- Right to Organize and Collective Bargaining Convention, 1949 (No. 98)

Employment policy

- Employment Policy Convention, 1964 (No. 122)
- Human Resources Development Convention, 1975 (No. 142)

Maternity protection

- Maternity Protection Convention, 1919 (No. 3)
- Maternity Protection Convention (Revised), 1952 (No. 103)

Night work

- Night Work (Women) Convention (Revised), 1948 (No. 89) (and Protocol)
- Night Work Convention, 1990 (No. 170)

Underground work

- Underground Work Convention, 1935 (No. 45)

Part-time work

- Part-Time Work Convention, 1994 (No. 175)

Home work

- Home Work Convention, 1996 (No. 177)

3. The application of ratified conventions is supervised in ILO by the Committee of Experts on the Application of Conventions and Recommendations (CEACR), a body of independent experts from around the world, which meets annually. The information submitted in part II of the present report consists of observations and direct requests made by the Committee. Observations are comments published in the CEACR annual report — produced in English, French and Spanish — which are submitted to the International Labour Conference. Direct requests (produced in English and French — and in the case of Spanish-speaking countries, also in Spanish) are not published in book form, but are made public. At a later date, they are published on the ILO database of supervisory activities, ILOLEX (available online or on CD-ROM).

4. In addition, part III includes additional information on the countries concerned.

II. Indications concerning the situation of individual countries

Belgium

Position with regard to ILO conventions

5. Among the relevant ILO conventions, Belgium has ratified convention Nos. 100 and 111. It has also ratified convention Nos. 29, 87, 98, 105, 122 and 138.

Comments made by the ILO supervisory bodies

6. The pending comments of the ILO Committee of Experts on matters relevant to the Convention relate to the following:

Convention No. 100

7. In its 1998 direct request, the Committee noted that a study, commissioned by the Ministry of Employment and Work, showed that from the 141 sectoral job classifications in existence in Belgium, only 16 per cent had an analytical base. The non-analytical classification schemes were not considered to be gender neutral. The study came to the general conclusion that the modernization of sectoral classification schemes was urgently required. The Committee requested the Government to provide information on the manner in which the use of unbiased analytical classification schemes are promoted.

8. The Government's report of 1999 on the Federal Employment Policy indicates that inequality between men and women still exists in relation to remuneration, and

that this is due to a great extent to the classification systems used. The Minister charged with Equality of Opportunities asked the National Labour Council for advice on a series of measures. Social partners undertook to revise job classification systems in sectors where those systems determined unequal remuneration between men and women and to replace them with analytical and gender-neutral ones.

9. *The Government's report on the application of the Convention has been received and was examined by the Committee of Experts at its November/December 2001 session.*

Convention No. 111

10. In its 2000 observation, the Committee noted the adoption of the Act of 7 May 1999 on equality of treatment for men and women. It noted with interest the adoption of this new Act, which added several innovations to existing legislation. It noted that the Act incorporated two European directives, on equality of treatment in occupational social security regimes (96/97/CE) and on the burden of proof in cases of discrimination based on sex (97/80/CE). It noted also that the new Act introduced the concept of sexual harassment, that it contained clear definitions of the concepts of "equality of treatment", "direct discrimination" and "indirect discrimination", and addressed the classification of occupations in order to eliminate salary differences between men and women.

11. *The Government's report on the application of the Convention has been received and will be examined by the Committee of Experts at its next session, in November/December 2002.*

Convention No. 122

12. In its 1999 observation, the Committee noted that the employment rate had increased from 54.7 per cent in 1990 to around 57 per cent in 1997, due mainly to an increase in employment of women in part-time work. The Government explained that the rate remained below the European average because the post-secondary education rate remained above average and the retirement age was lower. The participation rate was 58.6 per cent in 1990, but had increased to 62.8 per cent in 1996, again due mainly to the increase in women entering the workforce. Although this was below the European average, the Government pointed out that the growth rate was above average. As at 1996, 15.4 per cent of workers were self-employed, and in 1997 14.7 per cent were in part-time employment. The unemployment rate decreased slightly, from 10 per cent in 1994 to 9.2 per cent in 1997. According to Eurostat, unemployment was at 9 per cent as at May 1999. The Committee noted that, according to the Organisation of Economic Cooperation and Development country report for Belgium, women comprised over 80 per cent of part-time workers, and approximately 25 per cent of women worked part-time involuntarily.

13. *The Government's report on the application of the Convention has been received and was examined by the Committee of Experts at its November/December 2001 session.*

Denmark

Position with regard to ILO conventions

14. Among the relevant ILO conventions, Denmark has ratified convention Nos. 100 and 111. It has also ratified convention Nos. 29, 87, 98, 105, 122, 138 and 142.

Comments made by the ILO supervisory bodies

15. The pending comments of the ILO Committee of Experts on matters relevant to the Convention relate to the following:

Convention No. 100

16. In its 2000 direct request, the Committee noted with interest the adoption on 30 May 2000 of an Act on Equality between Women and Men (Act No. 388) aimed at mainstreaming the principle of equality into statutory form as a basic element in the promotion of equality. It noted that the new Act replaced the Equal Status Council with a three-tiered structure comprising the Minister of Equality, a research and documentation centre on equality (the Knowledge Centre) and an independent body known as the Equal Status Board.

17. The Committee also noted the existence of a fairly constant wage gap between women and men over the past 15 years (1985-2000). The report on wage differences between men and women co-published by the Ministry of Labour and the Equal Status Council in June 2000 attests to this fact, as denoted in the various tables included in the report, for example, the hourly wage rate in the private sector in 1996 was 153.2 kroner for men and 126.2 kroner for women (a difference of 20.9 per cent), while in the public sector it was 147.0 kroner for men and 132.8 kroner for women (a difference of 10.7 per cent). The Committee noted that, after taking into account factors such as seniority, educational level, professional experience and use of leave schemes, the only explanation for the remaining wage differential was gender. It also noted that the Ministry of Labour had launched an initiative to analyse the importance of negotiation mechanisms for wage differences between men and women as a means of determining which wage factors led to equal pay and which further increased wage differences (Equality at Work, Ministry of Labour, June 1996).

18. Regarding the project on enterprise-based wage fixing, the Committee noted that it had completed its work and had come to the conclusion that there was a tendency towards smaller wage differences between men and women when they were *not* covered by collective agreements, and that both male and female employees not covered by collective agreements received salaries higher than those covered by collective agreements. While noting the reason for lower overall wages, the Committee asked the Government for an explanation as to why a wider wage gap existed between men and women covered by collective agreements. In this respect it noted that, as a result of the last round of collective bargaining conducted in February 2000, the Danish Employers' Confederation (DA) and the Danish Confederation of Trade Unions (LO) had agreed to investigate and monitor equality and non-discrimination more closely, and that a report of their work would be presented by March 2002.

19. The Committee noted that in June 2000 the Ministry of Labour initiated a job evaluation project in order to study the effects of the job evaluation systems currently in use on wage differences and the impact of job evaluation as an instrument to achieve pay equity. It noted that the project would also attempt to address the need to ensure that job evaluations were undertaken in a gender-neutral manner, balancing the strengths and values of the tasks performed by men and women. In addition, the project would examine the different components of equal pay and the criteria used to classify jobs, given that a systematic comparison of jobs might be a means of defining work of equal value and might thereby become an effective tool for achieving equal remuneration.

Convention No. 111

20. In its 2000 direct request, the Committee noted that the rate of unemployment for women was consistently higher than that of men from 1993 to 1999, for example, the rates were 7 per cent and 5.3 per cent respectively for 1999. It noted also that this is the same for women from ethnic minority communities, in particular among women coming from Africa and Asia. Noting the measures taken to strengthen the participation of women in the labour force, including women from different ethnic backgrounds, the Committee asked the Government to continue to provide information on these activities and their impact.

Tunisia

Position with regard to ILO conventions

21. Among the relevant ILO conventions, Tunisia has ratified convention Nos. 100 and 111. It has also ratified convention Nos. 29, 87, 89, 98, 105, 138, 142 and 182.

Comments made by the ILO supervisory bodies

22. The pending comments of the ILO Committee of Experts on matters relevant to the Convention relate to the following:

Convention No. 100

23. In a 1998 direct request, the Committee requested the Government to transmit, as soon as they are available, statistical data on the distribution of men and women at the various wage rates, and if possible by occupation, branch of activity, seniority and level of qualifications, as well as the percentage of women public officials in each category from A to D. The Committee also requested information on the remuneration rates and occupational classifications determined by the committees on agricultural work set up under decree No. 2000-1988 of 12 September 2000.

24. *The Government's report on the application of the Convention has been received and was examined by the Committee of Experts at its November/December 2001 session.*

Convention No. 111

25. In its direct request of 2000, the Committee noted the high level of illiteracy among girls and women, their low educational level and their low level of participation in the labour market, as well as the occupational segregation they

suffer in vocational training and employment. It requested the Government to indicate the measures taken to promote and ensure the access of women to education, vocational training and employment on an equal footing with men. With regard to the application of the Convention in relation to discrimination on grounds other than sex, the Committee noted that both the Constitution (article 6) and the legislation (Labour Code, conditions of service of the public service, collective labour agreements) prohibited this type of discrimination. It pointed out to the Government that the existence of appropriate national laws and regulations that were in conformity with the Convention was a necessary prerequisite, but was not sufficient in itself for the effective application of the principles set out in the Convention. The Committee therefore requested the Government to indicate the measures taken or envisaged for the *active* promotion of the principles set out in the Convention within the framework of its national policy to combat discrimination.

Convention No. 122

26. In its 1999 observation, the Committee noted that the Government intended to develop a database on trends in the labour market and to undertake biannual studies. The Committee hoped that this project would be completed in the near future and looked forward to receiving more detailed information on the trends in employment, unemployment and underemployment, both in the aggregate and as they affect particular categories of workers such as women, youth, older workers and workers with disabilities.

27. *The Government's report on the application of the Convention has been received and was examined by the Committee of Experts at its November/December 2001 session.*

Ukraine

Position with regard to ILO conventions

28. Among the relevant ILO conventions, Ukraine has ratified convention Nos. 100, 111 and 156. It has also ratified convention Nos. 29, 97, 98, 103, 105, 122, 138, 142 and 182.

Comments made by the ILO supervisory bodies

29. The pending comments of the ILO Committee of Experts on matters relevant to the Convention relate to the following:

Convention No. 100

30. In its 1998 direct request, the Committee recalled that no provision referred to by the Government in respect of remuneration appeared to include the definition of equal remuneration, which was in conformity with the principle of "equal remuneration for men and women workers for work of equal value", as set forth in the Convention. The Committee requested the Government to take the necessary measures to ensure that the principle of equal remuneration was fully applied to the wage as defined in sections 1 and 2 of the Act respecting the payment of wages, namely the basic wage, the additional wage and other incentive and compensatory payments. The Committee reiterated its hope that this principle would be included in

the legislation and, more specifically, in the Labour Code, which was in the drafting stage.

31. The Committee also noted the Government's statement to the effect that private enterprises and organizations themselves established collective agreements fixing wage rates and salary scales depending on the complexity of the work and the skills required, in accordance with the standards and assurances envisaged in the general agreement and sectoral agreements. Insofar as employees of institutions and organizations financed by the State budget are concerned, wage rates are fixed by a decree issued by the Cabinet of Ministers of Ukraine. The Committee requested the Government to provide a copy of the general agreement in its next report as well as copies of the sectoral agreements containing the standards laid down for the conclusion of collective agreements that fix the wage rates and salary scales in private enterprises and organizations, as well as the decree issued by the Cabinet of Ministers fixing the wage rate for workers employed in institutions and organizations financed by the State budget.

32. *The Government's report on the application of the Convention has been received and was examined by the Committee of Experts at its November/December 2001 session.*

Convention No. 111

33. The Committee noted that women constituted the overwhelming majority of persons laid off from employment in enterprises and organizations, and that women found it more difficult to find other work and to re-enter the Ukrainian labour market. The Committee reminded the Government that the banning of discrimination was generally insufficient to eliminate it in actual practice and that, therefore, affirmative action measures might be necessary to eliminate de facto inequalities and to enable members of vulnerable groups subject to discrimination to work in all sectors of activity and occupations at all levels of responsibility (see general survey on equality in employment and occupation, 1988, para. 166). In this regard, the Committee noted with interest the measures taken to raise awareness of national legislation and international standards on women's rights, including the Government's joint project with the Office. It also noted with interest the adoption on 8 September 1997 of a National Plan of Action for 1997 to 2000 outlining measures for improving the situation of women, as well as the adoption on 5 March 1999 of declarations setting out the State policy in respect of families and women.

34. The Government indicated that, in 1998, the State Employment Service provided occupational guidance services to 1.8 million people, more than twice the number that utilized such services in 1997. In addition, the Government reported that 105,200 Ukrainian citizens undertook vocational training and rehabilitation courses in 1998, 55 per cent more than in 1997. The Committee noted with interest that 60,300 of these trainees (57 per cent) were women. It further noted the development and introduction of modular vocational training programmes in various regions of Ukraine. The Government was requested to supply information concerning the distribution of men and women and ethnic minorities in the different vocational training programmes offered, including whether any measures had been taken or were contemplated to facilitate the participation of workers with family responsibilities.

35. *The Government's report on the application of the Convention has been received and will be examined by the Committee at its November/December 2002 session.*

Convention No. 45

36. In its 1998 direct request, the Committee noted the statement of the Government to the effect that, in accordance with order No. 381 of 27 March 1996 of the Cabinet of Ministers of Ukraine, various measures had been taken to disengage women from underground work and that those measures had been taken by enterprises and monitored by the public authorities. The Committee also noted that there were a total of 1,019 women currently in the mining industry (in engineering, health or social services, or in posts that did not involve manual labour) and a total of 196,100 women in the coal industry. The Committee requested the Government to continue to provide information on progress made on the programme implemented under the above order and on the application in practice of the Convention.

Zambia

Position with regard to ILO conventions

37. Among the relevant ILO conventions, Zambia has ratified convention Nos. 100 and 111. It has also ratified convention Nos. 29, 87, 98, 105, 122, 138 and 182.

Comments made by the ILO supervisory bodies

38. The pending comments of the ILO Committee of Experts on matters relevant to the Convention relate to the following:

Convention No. 100

39. In its 1999 direct request, the Committee noted from the statistics compiled by Zambia Consolidated Copper Mines (ZCCM) on the distribution of men and women by skill category as of May 1996 that the very small proportion of women working in the sector were mainly employed at the professional level. The statistics also showed that no women were employed at the managerial level and no male employees are working in the secretarial skill category. The Committee drew the Government's attention to the fact that the situation of women in the labour market, and in particular their concentration in so-called female sectors and occupations, was one of the origins of inequalities in remuneration between men and women. In this connection, the Committee referred to paragraph 6 of the Equal Remuneration Recommendation, 1951 (No. 90), which called for a variety of measures to raise the productive efficiency of women as a means to facilitate the application of the principle of equal remuneration. The Committee noted the Government's statement that in terms of vocational training, vocational guidance and counselling, it was the policy to encourage more and more women to take advantage of the facilities available as a way of raising their productive efficiency. The Committee requested the Government to provide more detailed information on the specific measures taken to increase the access of women to vocational training, vocational guidance and counselling as a means of narrowing the wage gap between men and women. The Committee also underlined the importance of statistical data to assist the Committee

in evaluating the application of the Convention and noted that the establishment of a labour market information system was in progress. It asked the Government to keep it informed on this matter.

40. *The Government's report on the application of the Convention has been received and was examined by the Committee of Experts at its November/December 2001 session.*

Convention No. 103

41. In its 1998 direct request, the Committee commented on section 15A(1) of the Employment Act, which, contrary to the terms of the conventions, stipulates that a woman worker must have worked for at least two years before being entitled to maternity leave. Article 3, paragraph 1, of the Convention does not make the entitlement to maternity leave conditional on a minimum period of employment. The Government stated that the country faced many economic and social problems and that the measures was necessary to combat the country's rapid population growth. The Government also considered that the introduction of unconditional maternity leave would inevitably have negative consequences on women's employment prospects. The Committee, while it was aware of the present social and economic situation in the country, drew the Government's attention to the fact that the Government's objective of limiting the birth rate could be achieved by other means, such as education and family planning. In addition, the Committee emphasized that it was precisely to prevent employers from refusing to hire women of childbearing age that the Convention, in its article 4, paragraphs 4 and 8, stipulated that in no case should an employer be individually liable for the cost of benefits due to women employees, and that consequently maternity benefits should be provided either by means of compulsory social insurance or by means of public funds. The Government indicated that it would consider revising the provision in question.

42. The Committee recalled the terms of article 3, paragraphs 2 and 3, of the Convention, and trusted that the Government would introduce a provision for a minimum period of compulsory leave after confinement of at least six weeks. In this regard, the Committee recalled that, if the actual date of confinement was after the presumed date, the prenatal portion of leave must be extended until the actual date of confinement, without reducing the period of compulsory leave to be taken after confinement, in accordance with article 3, paragraph 4, of the Convention.

43. The Committee also recalled that under the terms of article 4 of the Convention, cash benefits must be provided through a compulsory insurance system or from public funds and that employers should in no case be individually liable for the cost of such benefits. The Government stated that, until such time as a general social security scheme was established, employers would continue to pay cash benefits to women workers during their maternity leave if the Government was unable to do so. Commenting on the issue of nursing breaks, the Committee hoped that the Government would be able to take the measures necessary to supplement its national legislation with a provision allowing nursing mothers to take time off work for specified periods, which would be counted as working hours and remunerated accordingly, as required under article 5 of the Convention.

44. With respect to section 15B(1) of the Employment Act, the Government indicated that the provisions of this section ensured that women would not be dismissed for reasons connected with their pregnancy. Recalling that article 6 of the

Convention prohibited the dismissal of a woman worker during her maternity leave, the notification of dismissal of a woman worker during her maternity leave or notification of dismissal at a time such that the notice would expire during the woman's absence on maternity leave, the Committee hoped that the Government would take the measures necessary to bring section 15B(1) of the Employment Act in conformity with the Convention.

45. *The Government's report on the application of the Convention has been received and was examined by the Committee of Experts at its November/December 2001 session.*

Convention No. 111

46. In its 1999 direct request, the Committee noted the amendments made to the 1991 Constitution by act No. 18/1996, and particularly the addition of part IX, which includes article 112 (j) establishing the right of every person to fair labour practices, and part XII establishing a Human Rights Commission. The Government had indicated that the Human Rights Commission's functions included the provision of information on the national policy for the promotion of equality of opportunity and treatment. The Committee, however, regretted that the Government had not also used this opportunity to amend article 23, paragraph 4 (c) and (d), of the Constitution, under which the protection against discrimination on grounds of race, tribe, sex, place of origin, marital status, political opinion, colour or creed set out in article 23 of the Constitution did not apply to any law respecting adoption, marriage, divorce, burial, inheritance, etc., or to the customary law of a particular race or tribe. The Committee of Experts noted that the United Nations Human Rights Committee considered, in its concluding observations in 1996 (CCPR/C/79/Add.62, paras. 3 and 9), that the remnants of certain traditions and customs constituted an obstacle to the effective implementation of the International Covenant on Civil and Political Rights, particularly with regard to equality between men and women, and that it expressed its concern over the situation of women who, despite some advances, continue to be de jure and de facto the object of discrimination as regards, among other matters, education and access to work.

47. The Committee took due note of the Government's statement to the effect that vocational training was free of any forms of discrimination prohibited by the Convention. However, the Committee recalled that experience showed that discriminatory practices in respect of training rarely originated in legislative provisions or regulations that were expressly of a discriminatory nature: more commonly it arose out of practices based on stereotypes affecting mainly women or certain disadvantaged or minority groups of society. The Committee also pointed out, according to the information provided in the report, that the implementation of processes of economic liberalization and privatization, in the framework of the structural adjustment programme, had considerably reduced employment opportunities. The Government indicated that this phenomenon had led to increased competition between men and women in the labour market and that only the best trained had access to employment. The Committee therefore requested the Government to indicate the measures taken or envisaged: (a) to establish an information system designed to open a broad range of occupations that could be chosen by girls; and (b) to ensure that guidance tests for the choice of a trade or occupation did not perpetuate stereotypes by placing emphasis on social or cultural factors that were not germane to the qualifications required for a particular job.

48. *The Government's report on the application of the Convention has been received and will be examined by the Committee at its next session, in November/December 2002.*

Convention No. 138

49. In its 2000 direct request, the Committee noted that, in the framework of a child policy formulated by the Government, a national programme of action for children had been developed through preventive and protective measures. In particular, it noted that the Government had signed a memorandum of understanding with ILO on the elimination of the worst forms of child labour and had drawn up a number of activities to address the worst forms of child labour. In this context, the Committee noted that a National Steering Committee on child labour and a child unit in the Ministry of Labour had been established. The Committee further noted that mechanisms such as the inter-ministerial committee on child labour were established in order to ensure effective implementation of programmes on economic exploitation and child labour.

III. Additional information

Tunisia

50. The ILO InFocus Programme on Boosting Employment through Small Enterprise Development has recently undertaken a study on "Jobs, Gender and Small Enterprises in Africa and Asia: lessons drawn from Bangladesh, the Philippines, Tunisia and Zimbabwe". The study is published as Small Enterprise Development Working Paper No. 18.

Zambia

51. The Employment Act is currently being revised with the assistance of the ILO (see part II concerning Zambia, convention No. 103).

52. The Government has signed a memorandum of understanding with ILO on the elimination of the worst forms of child labour.